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**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| MASTE  | MENT # 74887  TRS CONDOMINIUMS, INC.   | - ,  | <br>  1.0.0   1.0.0   1.0.0   1.0.0   1.0.0   1.0.0   1.0.0   1.0.0   1.0.0   1.0.0   1.0.0   1.0.0   1.0.0   1.0.0  | H 0011 01011 21211 01211 01111 1  |   |  |
|--|--|--|--|---|---|--|
| rincipal Place   | of Business  | Mailing Address  | ,  |   | HA BARA BARAH BUBAH BABAK BABAK B             |  |
| O BOX 56884  | 16   | P O BOX 568846   |  |   |   |  |
| RLANDO FL 3  | 2856-5846  | ORLANDO FL 32856-8846  |  |   |   |  |
|  |  |  |  | <ol> <li>Date Incorporated or Qualified<br/>09/11/1979</li> </ol>   | 3a. Date of Last Re<br>03/28/19               |  |
| . Principal Pl   | ace of Business  | 2a. Mailing Address  |  | 4. FEI Number   |   | plied For  |
| <u> </u>   |  | 26   |  | 59-2000445  |   | t Applicabl  |
| - Suite, Apt. i<br>]   | #, etc.  | Suite, Apt. #, etc.  |  | 5. Certificate of Status Desired  | □ \$8.75 /<br>Fee Re                          |  |
| City & State   | )  | City & State   |  | 6. Election Campaign Financing  | \$5.00  | ·  |
| ]  |  | 28   |  | Trust Fund Contribution   | ☐ Added t                                     |  |
| Zip  | Country  | Zip  | Country  | 8. This corporation has liability to  |   | 199.032,   |
| L  | [25]<br>9. Name and Address of Curre   |  | 30   | Florida Statutes  10. Name and Address of New F   | Yes No  |  |
|  | 9. Haine and Address of Ourse  | it nogistored Agent  | 81 Name  | ) O T \- 5  | O O   |  |
| IOHNSO   | )n, pamela r.  |  | 1-10   | were K. phing   | SCVI  | ······································               |
|  | MICHIGAN ST.   |  | 82 Street Ac   | ddress (P.O. Box Number is Not Accept   | treet   |  |
|  | O FL 32806   |  | 83   |   | · · · · · · · · · · · · · · · · · · ·         |  |
| ψ1   |  |  | 84 Cit/  |   | 85 Zip (                                      | Code   |
|  |  |  | 1 ()(  | lando   | FL 13   | 2800   |
| I. Pursuant I  | o the provisions of Sections 617.050   | 02 and 617.1508, Florida Statute                                   | es, the above-named or   | orporation submits this statement for the   | purpose of changing it                        | s registere  |
| OTHER OF FE  |  | ROTEINNAS SUCIEDANAR WAS A   | authorized by the corno  | viation's board of directors. I hereby acc  | cant the annountment as                       | registered   |
| orrice or re<br>agent. I ar  | m familiar with, and accept the oblic  | e of Florida. Sucri change was a strains of, Section 617.0509. Flo | authorized by the corpo<br>orida Statutes.   | orporation submits this statement for the<br>oration's board of directors. I hereby acc   | cept the appointment as                       | registered   |
| IGNATURE   | Tune 1   | m Po   | ionela Kis   | physica   | 4 28 197                                      | registered   |
| ignature" _  | Signature, typed or printed name of registered ag  | eni and title if applicable (NOTE                                  | authorized by the corporida Statutes.  E: Registered Agent signature re  | physica   | 4128191                                       |  |
| ignature _   | Signature, typed or printed name of registered ag  | m Po   | E: Registered Agent signature re   | Source when reinstains)   | 4128191                                       | IS IN 12   |
| ignature _<br><b>2.</b><br>Ile   | Signature, typed or printed name of registered ag<br>OFFICERS AN   | ent and title if applicable NOTE                                   | E: Registered Agent signature re   | Source when reinstains)   | DATE FICERS AND DIRECTOR                      | IS IN 12   |
| GNATURE _<br>2.<br>ILE   | Signature, typed or printed name of registered to OFFICERS AN D HOFF, ROBERT 6202 MASTERS BLVD   | ent and title if applicable NOTE                                   | E: Registered Agent signature re  13.  1.1 TITLE   | Source when reinstains)   | DATE FICERS AND DIRECTOR                      | IS IN 12   |
| IGNATURE   | Signature, typed or printed name of registered to OFFICERS AN D HOFF, ROBERT 6202 MASTERS BLVD ORLANDO, FL 00000   | NOTE IN Applicable INOTE NO DIRECTORS DELETE                       | E: Registered Agent signatura re  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  | Source when reinstains)   | U128 (47) DATE FICERS AND DIRECTOR Change     | IS IN 12   |
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| Z.  TILE  MME  REET ADDRESS  TY-S1-ZiP  TILE  MME  | Signature, typed or printed name of registered ag OFFICERS AN D HOFF, ROBERT 6202 MASTERS BLVD ORLANDO, FL 00000 PD HARRELL, JAMES M.  | NOTE IN Applicable INOTE NO DIRECTORS DELETE                       | E: Registered Agent signatura re  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME   | Source when reinstains)   | U128 (47) DATE FICERS AND DIRECTOR Change     | IS IN 12   |
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| IGNATURE _  2.  ILE  WE  REET ADDRESS  IY-SI-ZIP  ILE  ME  REET ADDRESS  IY-SI-ZIP  ILE  AME  REET ADDRESS  IY-SI-ZIP  ILE  MME  IT-SI-ZIP  ILE  AME  REET ADDRESS  IY-SI-ZIP  ILE  AME  REET ADDRESS  IY-SI-ZIP  ILE  AME  IREET ADDRESS  IY-SI-ZIP  ILE  AME  IT-SI-ZIP  ILE  IT-SI-ZIP  ILE  IT-SI-ZIP  ILE  IT-SI-ZIP  ILE  IT-SI-ZIP  | Signature. typed or printed name of registered applications of the printed and the printed applications of the pri | DELETE  DELETE  DELETE  DELETE                                     | E Registered Agent eignesture re  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  | TO Additions/CHANGES TO OFF<br>Additions/CHANGES TO OFF<br>Adders, william 7.<br>Adders, william 7.<br>212 Masters Blud<br>201 ando, R. 3281                    | Change    Change                              | S IN 12 Addition Addition Addition Addition Addition |
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SIGNATURE:

**FILED** 

May 16 1997 8:00am

Secretary of State